



**MARYLAND CAPITOL POLICE**  
**ID REQUEST FORM**

☐ State Employee   ☐ Non Employee   ☐ Contractor   ☐ Temp  
☐ Reg-Lobbyist   ☐ N-Lobbyist   ☐ LGO   ☒ Media

☒ New   ☐ Damaged   ☐ Lost   ☐ Transfer   ☐ Name Change   ☐ Renewal   ☐ Terminated

# Inauguration Credential Request

**APPLICANT INFORMATION:** ATTACH COPY OF APPLICANT'S DRIVER'S LICENSE – (Make sure photo is clear and light enough to identify the individual)

Name(Print): Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SSN#: (last four) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Phone #: (Home/Cell) \_\_\_\_\_

Home Address: \_\_\_\_\_

**CONTRACTOR / NON-EMPLOYEE INFORMATION:**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project #: Inauguration

Agency/Sponsor Name/Title: Governor's Office of Communications

Agency/Sponsor Signature: \_\_\_\_\_ Phone: 410-974-2316

\* Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Approved ☐   Disapproved ☐   Reviewing Officer's Signature: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Card #: FRONT \_\_\_\_\_ BACK \_\_\_\_\_ Inv. # \_\_\_\_\_

☐ Agency Pay   ☐ Check   ☐ Money Order   Amt. \_\_\_\_\_   Document #: \_\_\_\_\_

SCPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_